



## Interpersonal Practice with Children and Youth

625-005 Spring/Summer 2016

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### Course Syllabus

#### **Course Description:**

Working with children is unique in several ways; for example there is always a caregiver involved, usually a family member, and children tend to be concrete thinkers; these two factors create special challenges for the therapist that can be difficult to manage in the moment and over time. As a result I have decided to teach this class with two aspects in mind. One is the therapeutic skills aspect; the understanding being you will learn some skills for working with children and youth. The second and, I think, the more important aspect is; how will you choose to provide therapy to young people? How will you honor yourself as you do that therapy? My hope is to focus on helping you develop some of the skills *you* will use to work with children and youth that are appropriate for you and your style of therapy. In order to do that it is important for both of us to first learn more about who you are, and what your strengths are. And how you will honor yourself in our work and what your particular brand of therapy will look like. As a result this class will have weekly open discussions, experiential activities, and vulnerable moments. I will ask for your help in creating a safe and confidential environment.

This course will examine practice theories and techniques for working directly with children, adolescents, and their caretakers. This course will emphasize evidence-based interventions that address diverse groups of children or adolescents within their social contexts (e.g., peer group, school, family, neighborhood). Special attention will be given to issues of diversity as it relates to building therapeutic relationships and intervening with children, adolescents

and their families. The interaction between environmental risk factors, protective factors, promotive and developmental factors as they contribute to coping, resiliency, and disorder, as well as how these might vary by child or adolescent diversity factors, such as race, ethnicity, disadvantage, gender, sexual orientation, sexual identity and culture will also be covered.

## **Course Content:**

This course will present prevention, treatment, and rehabilitation models appropriate to interpersonal practice with children, youth and their families in a variety of contexts. Content will focus on the early phases of intervention, including barriers to engagement that may result from client-worker differences, involuntary participation on the part of the child, youth, or family, and factors external to the client-worker relationship, such as policy or institutional decisions that may influence or shape the therapeutic relationship. Since the intervention strategies taught in this course rely significantly on the social worker as a critical component of the change process, attention will be paid to the understanding of self as an instrument in the change process. A variety of evidence-based interventions for engaging children, youth, and their families (or other caretaking adults such as foster parents) will be presented. Assessment content will emphasize client and caretaker strengths and resources as well as risks to child or youth well-being that may result from internal or external vulnerabilities caused by trauma, deprivation, discrimination, separation and loss, developmental disability, and physical and mental illness. Particular attention will be paid to cultural, social, and economic factors that influence client functioning or the worker's ability to accurately assess the child, youth, or family. These assessments include attention to life-threatening problems such as addictions, suicidal ideation, and interpersonal violence.

Content on intervention planning will assist students in selecting interventions which are matched with client problems across diverse populations, cultural backgrounds, socio-political contexts, and available resources. These interventions will be based on a thorough assessment, appropriate to the child's or adolescent's situation, and sensitive to and compatible with the child/adolescent's and family's expressed needs, goals, circumstances, values, and beliefs. Summary descriptions of developmental stages (i.e. infancy,

toddlerhood, preschool age, school age, and adolescence) will be presented in terms of developmental characteristics and milestones, salient developmental challenges, and themes such as self-esteem and the development of peer relationships. Helping parents or other caretaking adults to understand the child's or youth's issues or behavior in developmental terms will also be discussed.

A range of evidence-based intervention approaches will be presented such as, experiential therapy, sensorimotor psychotherapy, cognitive behavioral therapy, behavioral therapy, and parent management training. Promising practices for children and adolescents across child serving settings will also be reviewed. The use of play therapy in working with young children and children who have been traumatized will be explored. Since work with children and youth almost always requires multiple intervention modalities, attention will be given to creating effective intervention plans through the integration of different modalities. Those intervention methods that have been empirically demonstrated to be effective will be given particular emphasis. Methods for monitoring and evaluating interventions will also be discussed and demonstrated in this course.

It is also important to note that because we were all children at some point there will be difficult topics that will be discussed in class. It is my goal to make my classroom environment as safe and conducive to learning as possible. Please feel free to make suggestions, or give yourself appropriate self care when necessary. You can only learn when your mind and body are prepared to hear what is being offered.

## **Course Objective:**

Upon completion of the course, students will be able to:

1. Understand and address the impact of diversity (including ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression), marital status, national origin, race, religion or spirituality, sex, and sexual orientation) of children, adolescents and their families and the social worker on practice process and outcomes.
2. Describe and apply a number of assessment procedures (e.g. direct observation of or interviews with the client, parent or caretaker, and collateral contacts with teachers,

caseworkers, or other professionals) that identify internal and external risk protective and promotive factors that may affect children and adolescents.

3. Describe the primary developmental tasks and characteristics of childhood and adolescence as they relate to the selection and implementation of developmentally and culturally appropriate techniques for engaging and treating children and adolescents.
4. Identify the ways in which continuity or disruption in primary care relationships may impact children, adolescents, and the therapeutic relationship.
5. Engage in an assessment process that includes gathering information on the risk, protective and promotive factors at the intrapersonal, family, peer group, school and neighborhood levels in order to formulate and understanding of the child/adolescent's presenting problems and circumstances.
6. Implement evidence-based prevention and intervention strategies (e.g. cognitive behavioral interventions, parent management training) that are compatible with child/adolescent and family or caretaker goals, needs, circumstances, culture, and values.
7. Develop advanced intervention skills in working with children, adolescents and their families.
8. Monitor and evaluate interventions with regard to: effectiveness, sensitivity to diversity factors; impact of child/adolescent' and families' social identities on their experience of power and privilege; and appropriateness of the intervention to specific child/adolescent needs resulting from conditions such as maltreatment, deprivation, disability, and substance abuse.

## **Course Design:**

Important things to note:

**Class will start at 1PM SHARP!!**

I do not allow electronics to be used in my class, such as computers, tablets, or cell phones. If you have specific accommodations please contact me.

Class format will include group discussion, case supervision, experiential learning, lecture, case analysis, skills development sessions and viewing of videos. Written assignments will integrate theory, evidence-based research, and case analysis, and the student's practicum work.

## Grading

A+ 98 - 100

B+ 87 - 89

C+ 77 - 79

D+ 67 - 69

A 94 - 97

B 84 - 86

C 74 - 76

D 64 - 66

A- 90 - 93

B- 80 - 83

C- 70 - 73

## Relationship of the Course to Four Curricular Themes:

- *Multiculturalism and Diversity* will be addressed through discussion of child/adolescent/family-worker differences and power/privilege differentials based on ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression), marital status, national origin, race, religion or spirituality, sex, and sexual orientation. Case examples of intervention and readings will reflect this theme.
- *Social Justice and Social Change* will be addressed through discussion of differences between problems responsive to interpersonal practice interventions and those which result from poverty, discrimination, and disenfranchisement, requiring systemic as well as individual interventions. Case advocacy for disadvantaged, deprived, victimized and underserved or inappropriately served children and adolescents and their families will also be emphasized.
- *Promotion, Prevention, Treatment, and Rehabilitation* will be addressed through discussion of risk, protective and promotive factors across the child/adolescent's multiple contexts. Discussions will also emphasize intervention theories and techniques that support the child's or adolescents' developmental potentials.
- *Behavioral and Social Science Research* will be addressed in relationship to the selection, monitoring, and evaluation of assessment and intervention methods with specific emphasis on evidence-based interventions in the areas of developmental psychopathology, attachment, risk, resiliency and coping, trauma, and maltreatment. Students will develop advanced skills necessary to implement evidence-based interventions and critically evaluate intervention theories and approaches used with child and adolescent populations.

## **Relationship of the Course to Social Work Ethics and**

### **Values:**

Social work ethics and values in regard to confidentiality, self-determination, and respect for cultural and religious differences are particularly important when working with children and youth. Social workers working with children and adolescents often need to make critical intervention decisions which may have to balance risks to the child's or adolescent's safety or emotional well-being with their need for ongoing connection to their families and communities. This course will cover the complexities of ethical dilemmas as they relate to work with child and adolescent populations and the ways that the professional Code of Ethics may be used to guide and resolve value and ethical issues.

## **Intensive Focus on Privilege, Oppression, Diversity and**

### **Social Justice (PODS):**

This course integrates PODS content and skills with a special emphasis on the identification of theories, practice and/or policies that promote social justice, illuminate injustices and are consistent with scientific and professional knowledge. Through the use of a variety of instructional methods, this course will support students developing a vision of social justice, learn to recognize and reduce mechanisms that support oppression and injustice, work toward social justice processes, apply intersectionality and intercultural frameworks and strengthen critical consciousness, self knowledge and self awareness to facilitate PODS learning.

### **Accommodations:**

If you need or desire an accommodation for a disability, please let me know soon. The earlier that you make me aware of your needs the more effectively we will be able to use the resources available to us, such as the services for Students with Disabilities, the Adaptive Technology Computing Site and the like. If you do decide to disclose your disability, I will treat that information as private and confidential. Also, please notify me if religious observances conflict with class attendance or due dates for assignments so we can make appropriate arrangements.

## Course Requirements:

### Required Texts:

Bromfield, Richard (2007). Doing Child & Adolescent Therapy: 2nd Edition. Hoboken, NJ: Wiley & Sons.

Davies D. (2010). Child Development: A Practitioner's Guide.: 3rd Edition. New York: Guilford Press.

### Participation: (20 Points)

I understand that people are different and have different learning styles. However it is important that you participate in class to maximize your learning. If there is some thing I can do to help you feel more comfortable please talk with me.

### TF-CBT Certificate (10 points) Due May 31, 2016

<https://tfcbt.musc.edu/> (Links to an external site.)

### Writing Assignment 1 (30 points) Due June 14, 2016 1PM

This is a 8-10 page paper based on your assessment skills.

Watch the following video: (FYI: some of the subtitles are mixed up)

<http://search.alexanderstreet.com.proxy.lib.umich.edu/counseling-therapy/view/work/1857643> (Links to an external site.)

**What** is the presenting problem? Discuss protective factors, risk factors, and environmental issues. Apply course concepts where appropriate.

**Assess** each member of the family and the therapist; **The more details the better**

**Look** specifically for facial expressions, body language, and the timing of the changes in these things. *Explain why these things are significant to you (as the therapist).*

**Listen** to what they are saying, how they are expressing their thoughts/feelings and what you think they are *actually saying*. *Explain why these things are significant to you (as the therapist).*

**Pay attention** to the interactions between the different family members with each other and the interactions with the therapist. *Explain why these things are significant to you (as the therapist).*

**Explain** what you think is happening in the session, build and defend a hypothesis for future therapy and a treatment plan. Keeping in mind this is a practical event so all your treatment plans and goals should be realistic.

**Reflect** on how you are responding to the clients and the the therapist? What was done well, what would you do differently? Are you feeling any transference or counter-transference? How would you manage these feelings if you were the therapist in the session?

**HINT:** The bulk of your paper should be showing me your assessment skills of both the people in the video and yourself.

## **Writing Assignment 2 (40 points)**

This assignment is to show me what you have learned about working in children and youth as a therapist. Please select a client you have worked with and feel that you have had some affect on, or has had an affect on you, for this paper. In 12 - 14 pages, give a psycho social assessment of your client, reason(s) for seeking therapy, how long have you seen the client, some family history that is relevant, however being careful NOT to give too much identifying information. It is important you don't violate their confidentiality.

**Treatment Hypothesis:** Give the hypothesis you started with, and give a clear explanation of how it developed over the time with your client, and what was your ending hypothesis.

**Treatment Plan:** Explain what your treatment plan is, why you create this plan, then give specific and very detailed examples of what you chose to do in sessions and why. Making sure to have a clear reasoning behind your actions so that I may understand why you made the choses you did.

**Hope:** What did you think would happen, what did happen, what did you do next. How was all of this what you expected, or was it unexpected. How did you handle it both outwardly and inwardly--WHY?

**Transference:** What were the transference/counter-transference events that happened in your sessions. Give some details as to why you think these events were transference/counter-transference. What were the dynamics? Did you notice a change in



the client when their adult was in the room? How? What did you do to compensate for these changes?

**Progress:** How did the client respond? What did you do well, what do you think you need to improve on? Did your client make progress, if so what kind, how do you know, if not why not?

## **Class 1—Intro**

May 10

Development, Attachment, Interaction, and Psychodynamics

Evidence-Based Practice

Reading:

**Solomon:** Chapter 1 (pp. 1-47) (In Reading folder)

**Bromfield:** pg. ix - Chapter 2 (pp ix - 28)

**Bromfield:** Chap. 18 (pp. 249-260) I Can Name That Tune in Six Sessions: Managed Care and Evidence-Based Treatment.

**Davies:** Chapter 3 (pp.60 – 104) – *Risk and Protective Factors*

## **Class 2—Attachment**

### **TF-CBT Certificate due May 31 at the start of class**

May 17

Attachment with Julie Ribaud--Please note there may be a different room assignment for this class.

**Reading:**

**Van der Kolk:** Chapter 4 and 5

**Readings:**

**Perry, B,** et. al. (1995). How states become traits. *Infant Mental Health Journal*, 16, 271-291.

**Davies:** Chap. 2 – *Brain Development* (pp. 39 – 59)

**Teicher, M.** (2002) Scars that Won't Heal: The Neurobiology of Abuse. *Scientific American*.

## **Class 3--Brain Development**

May 24

**Reading:**

**Bromfield:** Chapter 3 (pp. 29 - 45) - *The Not-So-Magic of Therapy: How Therapy Works*  
Chapter 4 (47 - 62). *Do Fence Me In: The Bounds and Limits.*

## **Class 4—Adult and Child Attachment Patterns**

May 31

The Strange Situation Procedure

### **Reading:**

**Davies:** Intro to Part 1 and Chapter 1— *Attachment as a Context for Development* (pp. 3-38).

**Bromfield:** Chapter 11 & 12 (161 -186) *Handle with Care: Working with Parents*

## **Class 5—Assessment and**

June 7

Treatment Planning

“Critical Incidents”

## **Class 6—Working With Adolescents**

June 14

### **Writing assignment 1 due at 1PM**

#### **Readings:**

**Medeiros, D.M., Seehaus, M., Elliott, J., & Melaney, A.** (2004). Providing mental health services to LGBT teens in a community adolescent health clinic. *Journal of Gay & Lesbian Psychotherapy, 8*, 83-95.

**Stevenson, H.C., Reed, J., Bodison, P and Bishop, A.** (1997). *Racism stress management: Racial socialization beliefs and the experience of depression and anger in African American youth. Youth and Society, 29, 197-222.*

## **WPATH--Standards of Care for Transgender Folk**

[http://www.wpath.org/uploaded\\_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf](http://www.wpath.org/uploaded_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf)

## **Class 7—Working with Infants and Parents**

June 21

Reading:

**Davies:** Intro to Part II – Chapter 6 (pp. 127-183)

## **Class 8—Working with Toddlers**

June 21

Reading:

**Davies** Chap. 7 & 8 (pp. 185 – 250)

*Weatherston, D.J., Ribaud, J., Glovak, S. (2002). Becoming Whole: Combining infant mental health and occupational therapy on behalf of a toddler with sensory integration difficulties, and his family. Infants and Young Children 15(1), pp. 19-29.*

## **Class 9—Working with Preschoolers**

July 5

Reading:

**Bromfield:** Chap. 6 & 7, (pp. 77 - 104)

## **Class 10—Working with School-Aged Children**

July 12

Reading:

**Bromfield:** Chap. 8 - Drawing out the Child: Artwork in Therapy (pp. 105 -123).

**Anastopoulos, A.D. and Farley, S. (2003).** A cognitive-behavioral training program for parents of children with Attention-Deficit/Hyperactivity Disorder. In *Evidence-based psychotherapies for children and adolescents*. Kazdin, A.E. and Weisz, Jr., (Eds.) New York: Guilford

## **Class 11—Loss and Separation; Supervision; Termination**

July 19

Reading:

**Bromfield:** Chap. 19 (pp. 261 - 276) All's Well that Ends Well: Closing Therapy